

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90080 015 ****50.00

DOCUMENT # L02000027742

1. Entity Name
FRANCES DAMAS, LLC



Principal Place of Business
**2575 NW 115 STREET, #A214
MIAMI FL 33167**

Mailing Address
**2575 NW 115 STREET, #A214
MIAMI FL 33167**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5769 NW 7 ST

3. Mailing Address

5769 NW 7 ST

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

35-2185870

Applied For

Not Applicable

5. Certificate of Status Desired

IS

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAMAS, FRANCES
2575 NW 115 STREET, #A214
MIAMI FL 33167**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAMAS, FRANCES 2575 NW 115 STREET, #A214 MIAMI FL 33167 | <input type="checkbox"/> Delete |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **FRANCES DAMAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05-01-2003
Date

Daytime Phone #

CR2E083 (10/02)